

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-574701

FILING DATE

APPLICANT(S)

**CLAIMS**

|            | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|------------|----------|------|------------------------------------|------|------------------------------------|------|
|            | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1          |          |      |                                    |      |                                    |      |
| 2          |          |      |                                    |      |                                    |      |
| 3          |          |      |                                    |      |                                    |      |
| 4          |          |      |                                    |      |                                    |      |
| 5          |          |      |                                    |      |                                    |      |
| 6          |          |      |                                    |      |                                    |      |
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| 10         |          |      |                                    |      |                                    |      |
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| 27         |          |      |                                    |      |                                    |      |
| 28         |          |      |                                    |      |                                    |      |
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| 45         |          |      |                                    |      |                                    |      |
| 46         |          |      |                                    |      |                                    |      |
| 47         |          |      |                                    |      |                                    |      |
| 48         |          |      |                                    |      |                                    |      |
| 49         |          |      |                                    |      |                                    |      |
| 50         |          |      |                                    |      |                                    |      |
| TOTAL IND. |          |      |                                    |      |                                    |      |
| TOTAL DEP. |          |      |                                    |      |                                    |      |
| TOTAL      |          |      |                                    |      |                                    |      |

|            | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|------------|----------|------|------------------------------------|------|------------------------------------|------|
|            | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51         |          |      |                                    |      |                                    |      |
| 52         |          |      |                                    |      |                                    |      |
| 53         |          |      |                                    |      |                                    |      |
| 54         |          |      |                                    |      |                                    |      |
| 55         |          |      |                                    |      |                                    |      |
| 56         |          |      |                                    |      |                                    |      |
| 57         |          |      |                                    |      |                                    |      |
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| 61         |          |      |                                    |      |                                    |      |
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| 63         |          |      |                                    |      |                                    |      |
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| 74         |          |      |                                    |      |                                    |      |
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| 76         |          |      |                                    |      |                                    |      |
| 77         |          |      |                                    |      |                                    |      |
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| 80         |          |      |                                    |      |                                    |      |
| 81         |          |      |                                    |      |                                    |      |
| 82         |          |      |                                    |      |                                    |      |
| 83         |          |      |                                    |      |                                    |      |
| 84         |          |      |                                    |      |                                    |      |
| 85         |          |      |                                    |      |                                    |      |
| 86         |          |      |                                    |      |                                    |      |
| 87         |          |      |                                    |      |                                    |      |
| 88         |          |      |                                    |      |                                    |      |
| 89         |          |      |                                    |      |                                    |      |
| 90         |          |      |                                    |      |                                    |      |
| 91         |          |      |                                    |      |                                    |      |
| 92         |          |      |                                    |      |                                    |      |
| 93         |          |      |                                    |      |                                    |      |
| 94         |          |      |                                    |      |                                    |      |
| 95         |          |      |                                    |      |                                    |      |
| 96         |          |      |                                    |      |                                    |      |
| 97         |          |      |                                    |      |                                    |      |
| 98         |          |      |                                    |      |                                    |      |
| 99         |          |      |                                    |      |                                    |      |
| 100        |          |      |                                    |      |                                    |      |
| TOTAL IND. |          |      |                                    |      |                                    |      |
| TOTAL DEP. |          |      |                                    |      |                                    |      |
| TOTAL      |          |      |                                    |      |                                    |      |

Best Available Copy